

Weisman

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 01-009	2. STATE IDAHO
FOR: HEALTH CARE FINANCING ADMINISTRATION <i>SEP 17 2001</i>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(ii)(XVIII) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2001 \$ 10,837.00 b. FFY 2002 \$ 43,507.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6A, pages 3a, 4a, 4b, and 4c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6A, pages 3a, 4a, 4b, and 4c	
10. SUBJECT OF AMENDMENT: Increase in personal needs allowance for nursing home patients; Psychiatric services for individuals under age 22			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Karl Kurtz</i>		16. RETURN TO: Joseph R. Brunson, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036	
13. TYPED NAME: KARL B. KURTZ			
14. TITLE: Director			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>SEP 17 2001</i>		18. DATE APPROVED: <i>OCT 16 2001</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>JUL - 1 2001</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>TS</i>	
21. TYPED NAME: <i>TERESA L. TRIMBLE</i>		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID AND STATE	
23. REMARKS:			
<p style="text-align: center;">*POSTMARKED: <i>9/14</i> . <i>Boise</i> (DATE) (CITY)</p>			

Revision: HCFA-PM-91-8
October 1991

(MB)

ATTACHMENT 2.6-A
Page 3a
OMB No.: 0938-

State IDAHO

Citation(s)	Condition or Requirement
42 CFR 435. 5. 1008	a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435. 1008, 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.' // Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433. 6. 145, 1912 of the Act	Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No: 01-009
Supersedes
TN No. 91-22

Approval Date_____

Effective Date_____

HCFA ID: 7985E

State IDAHO

Citation(s)	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutional care: Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>40</u> Couples \$ <u>80</u> For the following individuals with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>40</u> Adults \$ <u>40</u> For the following individuals with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.</p> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A</u>. \$ <u>40</u></p>

TN No: 01-009
Supersedes
TN No. 98-003

Approval Date _____

Effective Date _____

State IDAHO

Citation(s)	Condition or Requirement
	For the following individuals with greater need:
	Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.
1924 of the Act	3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse: a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard consists of a poverty level component plus an excess shelter allowance. <u>X</u> The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level. ___ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _ %, of the official poverty level (still subject to maximum maintenance needs standard.) ___ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C). Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No: 01-009
Supersedes
TN No. 98-003

Approval Date ____ Effective Date ____

State IDAHO

Citation(s)	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><u>X</u> the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or</p> <p>___ the actual unreimbursable amount of the community spouses's utility expenses less any portion of such amount included in condominium or cooperative charges.</p>
b.	<p>The monthly income allowance for other dependent family members living with the community spouse is:</p> <p><u>X</u> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member's monthly income.</p> <p>___ a greater amount calculated as follows:</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1): The family member is claimed, or could be claimed, as a dependent on the federal income tax return of either spouse. The family member must be a minor or dependent child, dependent parent or dependent sibling of either spouse and must live in the community spouse's home.</p>
c.	<p>Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party.</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>.)</p>